



# FY 2006 ANNUAL FINANCIAL REPORT SPECIAL PURPOSE SHORT FORM

Please return completed reports to:  
**Office of the Comptroller**  
**Local Government Division**  
100 W. Randolph Street, Suite 15-500  
Chicago, IL 60601-3252

Unit Name:

County:

Unit Code:

I attest that, to the best of my knowledge, this report represents a complete and accurate statement of the financial position of the government as of the end of this fiscal year.

Written signature of government official

Date

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## PLEASE CROSS OUT ALL INCORRECT INFORMATION AND PROVIDE CORRECTIONS

### ➤ STEP 1: ENTER CONTACT INFORMATION

Is the following information correct and complete? \_\_\_\_ Yes \_\_\_\_ No

☐ If the Chief Executive Officer and the Chief Financial Officer are the same person as the Contact Person, please check this box and skip to Step 2. If not, please do not leave columns B and C blank.

<b>A. Contact person</b> (elected or appointed official responsible for filling out this form):		<b>B. Chief Executive Officer</b> (elected or appointed official responsible for the executive administration, i.e. mayor, supervisor, or chairman):		<b>C. Chief Financial Officer</b> (elected or appointed official responsible for maintaining the government's financial records):	
First:	Last:	First:	Last:	First:	Last:
Title:		Title:		Title:	
Add:		Add:		Add:	
City:		City:		City:	
State:		State:		State:	
Zip:		Zip:		Zip:	
Phone:		Phone:		Phone:	
Fax:		Fax:		Fax:	
E-mail:		E-mail:		E-mail:	

➤ **STEP 2: VERIFY FISCAL YEAR END**

<b>FY END DATE:</b> /     /2006
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If the fiscal year end date, listed above, is incorrect, cross out the incorrect date and provide the correct date. Official documentation of this change must be sent with the AFR before the fiscal year end date can be changed.

➤ **STEP 3: GASB 34, ACCOUNTING METHOD, AND DEBT**

**A. Has your government implemented GASB 34 in FY 2006 or in previous reporting years?**     \_\_\_\_ Yes     \_\_\_\_ No

*If “Yes”, please fill out a **Special Purpose Long Form** and the **Alternative Assets & Liabilities** page, located on page F1 (b).*

**B. Which type of accounting system does the government use:**

☒ Cash – with no assets (Cash Basis)

*If the government uses an accounting method other than Cash – with no assets (Cash Basis), please complete the **Special Purpose Long Form**.*

**C. Does the government have debt this reporting fiscal year?**     \_\_\_\_ Yes     \_\_\_\_ No

**D. If “Yes”, indicate the type(s) of debt and complete the **Statement of Indebtedness** page, located on page F6.**

____ G.O. Bonds	____ Revenue Bonds
____ Alternate Revenue Bonds	____ Contractual
____ Other (explain)_____	

UNIT NAME:  
Unit Code Number:

➤ **STEP 4: POPULATION, EAV, AND EMPLOYEES**

^What is the total <b>population</b> of the government?	
What is the total <b>EAV</b> of the government?	\$
*How many <b>full time employees</b> are paid?	
* How many <b>part time employees</b> are paid?	
What is the <b>total salary</b> paid to all employees?	\$

^Or provide estimated population

\*Do not include contractual employees.

➤ **STEPS 5 AND 6: COMPONENT UNITS AND APPROPRIATIONS**

**Provide the appropriation for the primary government listed in the first row of the table below.**

In the remaining rows, provide the names of all component units along with their appropriation. Indicate if the component units are blended or discretely presented, its fiscal year end date and if the component unit was funded with governmental fund types or enterprise fund types. If the component units are already indicated, that data is based on forms submitted last year. If you have more component units than the rows provided below, please indicate them on an attachment.

If you need assistance with the terms indicated below, refer to the *Chart of Accounts and Definitions* and the *How To Fill Out An AFR* documents.

Name of Unit/Component	Appropriation	Type of Component Unit (Blended or Discretely Presented)	Fiscal Year End	Fund Type
<b><u>FUNDS SHOULD NOT BE LISTED HERE</u></b>				
	\$			
	\$		/ / 2006	
	\$		/ / 2006	
	\$		/ / 2006	
	\$		/ / 2006	
Total Appropriations	\$			

UNIT NAME:  
Unit Code Number:

➤ **STEP 7: AUDITS**

**Provide CPA's information if the government is required to submit an audit to the Office of the Comptroller.**

Firm Name:	
CPA's first name:	
CPA's last name:	
CPA's title:	
Address:	
City:	
State:	
Zip:	
Phone:	(____) _____ - _____
Fax:	
Email:	
State Registration Number:	_____ - _____

➤ **STEP 8: OTHER GOVERNMENTS**

**Indicate any payments the government has made to other governments for services or programs (include programs performed on a reimbursement, cost-sharing basis or federal payroll taxes).**

Intergovernmental agreements	\$
Federal government payroll taxes	\$
All other intergovernmental payments	\$

UNIT NAME:  
Unit Code Number:

➤ **STEP 9: FUND LISTING**

**A. List all funds, indicate the amount spent in FY 2006 for each fund and indicate the Fund Type (fund types are at the top of each column beginning on page F1). If pre-printed data appears it is based on forms submitted last year. Please make all necessary corrections. If you have more fund names than the rows provided below, please indicate them on an attachment.**

<b>Fund Name</b>	<b>Expenditure</b>	<b>Fund Type</b>	<b>FY End</b>
			/ / 2006
			/ / 2006
			/ / 2006
			/ / 2006
			/ / 2006
			/ / 2006
<b>Total Expenditures</b>	<b>\$</b>		

## ➤ STEP 10: GOVERNMENTAL ENTITIES

List the governmental entities that are part of or related to the primary government. Exclude component units detailed in Step 5 & 6. Most small governments do not have governmental entities.

Entity Name	Relationship

## ➤ STEP 11: REPORTING

Check any state or local entity where financial reports are filed.

STATE AGENCIES	
<input type="checkbox"/> - Board of Education	<input type="checkbox"/> - Board of Higher Education
<input type="checkbox"/> - DCEO	<input type="checkbox"/> - Department of Insurance
OTHER STATE OR LOCAL OFFICES	
<input checked="" type="checkbox"/> - Illinois Comptroller	<input type="checkbox"/> - Secretary of State
<input type="checkbox"/> - General Assembly – House	<input type="checkbox"/> - General Assembly – Senate
<input checked="" type="checkbox"/> - County Clerk	<input type="checkbox"/> - Circuit Clerk
<input type="checkbox"/> - Governor's Office	<input type="checkbox"/> - Other - _____

**Cash, Investments, Liabilities & Fund Balance**

<b>Code</b>	<b>Enter all Amounts in Whole Numbers</b>	<b>General</b>	<b>Special Revenue</b>	<b>Discretely Presented Component Units</b>
<i>Report In Whole Numbers</i>				
<b>101</b>	<b>Cash and cash equivalent</b>			
<b>102</b>	<b>Investments</b>			
<b>135</b>	<b>Total Liabilities</b>			
<b>136</b>	<b>Fund balance - Reserved</b>			
<b>137</b>	<b>Fund balance - Unreserved</b>			

F1a

**NOTE: This alternative Assets & Liability page should be used by those units of government that have implemented GASB 34. If your unit of government has not implemented GASB 34, please leave this page blank and proceed to page F2.**

<b>Code</b>	<b>Enter all Amounts in Whole Numbers</b>	<b>Governmental Activity</b>	<b>Discretely Presented Component Units</b>
<i>Report In Whole Numbers</i>			
<b>101</b>	<b>Cash and cash equivalent</b>		
<b>102</b>	<b>Investments</b>		
<b>135</b>	<b>Total Liabilities</b>		
<b>148</b>	<b>Net Assets - Restricted</b>		
<b>149</b>	<b>Net Assets - Unrestricted</b>		

# Revenues and Receipts

Code	Enter all Amounts in Whole Numbers	General	Special Revenue	Discretely Presented Component Units
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## Local Taxes

Report In Whole Numbers

201	Property Tax			
203	Utility Tax			
204	Other Taxes			

## Intergovernmental Receipts & Grants

212	State Sales Tax			
213	State Motor Fuel Tax			
214	State Replacement Tax			
205	State Gaming Tax(es)			
215	Other State Sources			
225	Federal			
226	Other Intergovernmental Sources			

## Other Sources

231	Licenses and Permits			
233	Fines and Forfeitures			
234	Charges for Services			
235	Interest			
236	Miscellaneous			
240	TOTAL RECEIPTS AND REVENUE			

**Disbursements, Expenditures and Expenses**

<b>Code</b>	<b>Enter all Amounts in Whole Numbers</b>	<b>General</b>	<b>Special Revenue</b>	<b>Discretely Presented Component Units</b>
<i>Report In Whole Numbers</i>				
<b>251</b>	<b>General Government</b>			
<b>252</b>	<b>Public Safety</b>			
<b>254</b>	<b>Judiciary and Legal</b>			
<b>255</b>	<b>Transportation and Public Works</b>			
<b>256</b>	<b>Social Services</b>			
<b>257</b>	<b>Culture and Recreation</b>			
<b>258</b>	<b>Housing</b>			
<b>275</b>	<b>Environment</b>			
<b>259</b>	<b>Debt</b>			
<b>271</b>	<b>Public Utility Company</b>			
<b>272</b>	<b>Depreciation</b>			
<b>280</b>	<b>Capital Outlay</b>			
<b>260</b>	<b>Other Expenditures or Expenses</b>			
<b>270</b>	<b>TOTAL EXPENDITURES/EXPENSE</b>			

**Fund Balances and Other Financing Sources (Uses)**

<b>Code</b>	<b>Enter all Amounts in Whole Numbers</b>	<b>General</b>	<b>Special Revenue</b>	<b>Discretely Presented Component Units</b>
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*Report In Whole Numbers*

<b>301</b>	<b>Excess of receipts/revenues over (under expenditures/expenses (C240 - C270))</b>			
<b>302</b>	<b>Operating transfers in</b>			
<b>303</b>	<b>Operating transfers out</b>	(            )	(            )	(            )
<b>304</b>	<b>Bond proceeds</b>			
<b>305</b>	<b>Other - Long term debt (explain)</b>			
<b>306</b>	<b>Net increase (decrease) in fund balance (301 + 302 - 303 +304 + 305)</b>			
<b>307</b>	<b>Previous year fund balance</b>			
<b>308</b>	<b>Other (explain on page 9)</b>			

<b>310</b>	<b>CURRENT YEAR ENDING FUND BALANCE (306 + 307+ 308)</b>			
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**Statement of Indebtedness**

Debt Instruments for All Funds	Code	Outstanding Beginning of Year	Code	Issued Current Fiscal Year	Code	Retired Current Fiscal Year	Code	Outstanding End of Year
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*Report In Whole Numbers*


General Obligation Bonds	400		406		412		418	
Revenue Bonds	401		407		413		419	
Alternate Revenue Bonds	402		408		414		420	
Contractual commitments	403		409		415		421	
Other	404		410		416		422	


<b>TOTAL DEBT</b>	<b>405</b>		<b>411</b>		<b>417</b>		<b>423</b>	
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Explanation or Comments: (Use additional paper if necessary.)


**\*Capital Outlay**

Code	Function	These are not funds	
		Construction	Land, Structures and Equipment
601	General Government		
602	Law Enforcement		
603	Corrections		
604	Fire		
605	Sewerage		
606	Sanitation and Wastewater		
607	Parks & Recreation		
608	Housing & Community Development		
609	Highways, Roads and Bridges		
610	Parking Facilities		
611	Welfare		
612	Hospital		
613	Water		
614	Nursing Homes		
615	Conservation and Natural Resources		
616	Libraries		
617	Other		

 \*This page should only be filled out if you have spent funds for capital projects or development.

 \*The Capital outlay page is requested by The U.S. Census Bureau and is considered optional by the State Comptroller

 \*If you complete this page you WILL NOT have to do the Survey of Government Finances from the US Census Bureau.

 \*If you do NOT complete this page the Census Bureau will contact you for further information.